## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form together with

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with rable fees, to:

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(Signature)

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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QM12/1017

Alan J Atkinson P O Box 270161 Houston TX 77277-0161 Note: The certificate of mailing below can only be used for authestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

					11/10/00	(D-1-1)	
APPLICATION NO.		FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP ART	(Date)  DATE MAILED	
	09/480,035	01/10/00	020	ONEILL,	М	3713	10/17/00
First Named Applicant	SOBOTA,		35	USC 154(b)	) term ext. =	0 Days	
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INVENTION RADIO FREQUENCY GAME CONTROLLER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL EI	VTITY	FEE DUE	DATE DUE
2	463-039.	000 T78	3 UTIL	TTY Y	ES	\$620.00	01/17/01
1. Change of correspondence address Use of PTO form(s) and Customer N  Change of correspondence addre PTO/SB/122) attached.  Fee Address* indication (or "Fee	(1) the names attorneys or a the name of member a re and the name	nting on the patent front page, list mes of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) ames of up to 2 registered patent or agents. If no name is listed, no					
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assigne Inclusion of assignee data is only at the PTO or is being submitted under filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY & STATE COMMERCE PLEASE Check the appropriate assign individual	on the patent.  y submitted to a substitue for	4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  Issue Fee Advance Order - # of Copies  4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM)  Issue Fee Advance Order - # of Copies					
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